



**San Bernardino County Department of Public Health
Division of Environmental Health Services
385 N. Arrowhead Ave., 2nd Floor San Bernardino, CA 92415-0160
909-387-4666**

PERCOLATION OR PLOT PLAN APPLICATION

APN: _____ **Tract:** _____ **Parcel Map:** _____ **Lot:** _____

Site Address: _____ **City:** _____

Cross Street: _____ **Lot Dimensions:** _____

Owner's Name(s): _____

Mailing Address: _____

Phone: _____ **Cell:** _____ **Fax:** _____

Contractor / Engineer: _____ **Phone:** _____

When Completed Return To/Contact: _____ **Phone:** _____

Contact Mailing Address: _____ **Fax:** _____

Section below for department use only:

EHS Reference # _____ **Location:** _____

TYPE: _____ **# of Copies:** _____

Upon review this Department has determined that a rate of _____ square feet per 100 gallons of septic tank capacity should be adequate for the design of an onsite sewage disposal system for the property (site address / APN) listed above.

THIS DESIGN RATE APPLIES TO:

Leach Lines: _____ **Seepage Pits:** _____

THIS DESIGN RATE WAS DETERMINED ON THE BASIS OF:

Percolation Test: _____ **Onsite Soil Review:** _____

Green area Standard Rate: _____ **Standard County Rate:** _____

Other: _____

COMMENTS: _____

APPROVED BY: _____ **DATE:** _____

Date Paid: _____ **Amount Paid:** _____

Check Number: _____ **Receipt Number:** _____